

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
JUL 24 2014

Bayfield Co. Zoning Dept

ENTERED Permit #:

14-0095

Date:

8-28-14

Amount Paid:

\$185

Refund:

724-14

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☒ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: DAVID G TARRA JR. Mailing Address: 8603 20TH AVE KENOSHA WI 53143 Telephone: 847-987-5253

Address of Property: 18295 SOUTHWINDLAND RD City/State/Zip: DELTA WI Contractor Phone: Plumber: Blakemua Plumbing Cell Phone: 688-6050

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: TAX 10 13188 Legal Description: (Use Tax Statement) 016107010000 PIN: (23 digits) 04-016-2-46-07-36-201-000-10000 Recorded Document: (i.e. Property Ownership) Volume 872 Page(s) 972

NE 1/4, NW 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage

Section 36, Township 46 N, Range 07 W Town of: DELTA

☒ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue ☒ Distance Structure is from Shoreline: 220 feet ☐ Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☒ Yes ☐ No

☐ Non-Shoreland

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10K	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City <input type="checkbox"/> City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary (Exists) Specify Type: H.T. <input type="checkbox"/> Well	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Sanitary (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Mobile Home

Existing Structure: (If permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	( )	( )
	<input type="checkbox"/> with a Porch	( )	( )
	<input type="checkbox"/> with (2nd) Porch	( )	( )
	<input type="checkbox"/> with a Deck	( )	( )
	<input type="checkbox"/> with (2nd) Deck	( )	( )
	<input type="checkbox"/> with Attached Garage	( )	( )
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
	<input checked="" type="checkbox"/> Mobile Home (manufactured date) 1996	( 16 X 80 )	( )
	<input type="checkbox"/> Addition/Alteration (specify)	( )	( )
	<input type="checkbox"/> Accessory Building (specify)	( )	( )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	( )
	<input type="checkbox"/> Special Use: (explain)	( )	( )
	<input type="checkbox"/> Conditional Use: (explain)	( )	( )
	<input type="checkbox"/> Other: (explain)	( )	( )
	<input type="checkbox"/> Rec'd for Issuance	( )	( )
	<input type="checkbox"/> AUG 28 2014	( )	( )

Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

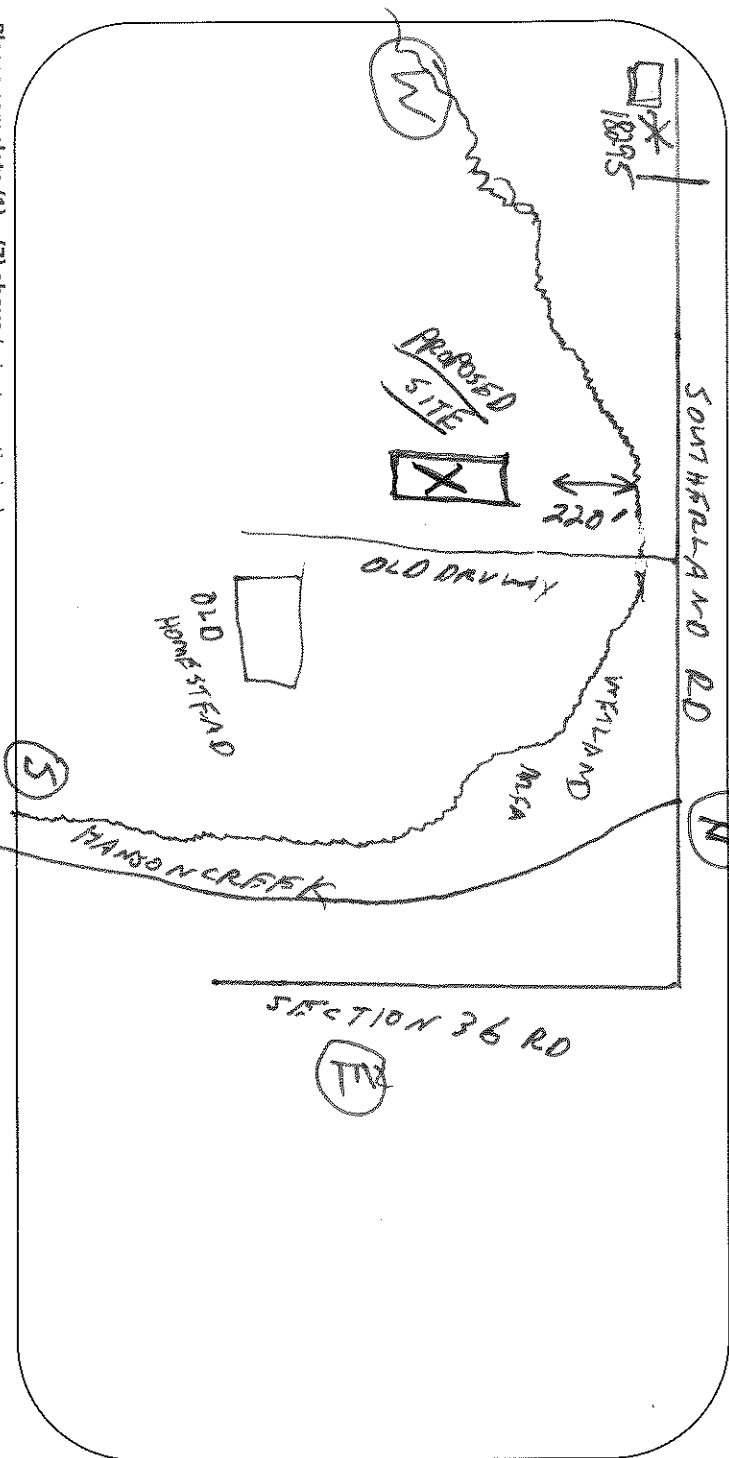
Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit 8603 20TH AVE KENOSHA WI 53143 Attach Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	235 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	230+ Feet	Setback from the River, Stream, Creek	170 Feet
Setback from the North Lot Line Town Rd	225 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	955 Feet	Setback from Wetland	65 Feet
Setback from the West Lot Line	300 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	1006 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Strike or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 14-685	# of bedrooms: 3	Sanitary Dates: 8-20-14			
Permit Denied (Date):	Reason for Denial:						
Permit #: 14-0295	Permit Date: 8-28-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:		Zoning District (A-1)					
will staked. Metcalf staked.		Lakes Classification (3)					
Date of Inspection: 8-4-14	Inspected by: M. Furtak	Date of Re-Inspection:					
Condition(s) of own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Signature of Inspector: Michael Furtak		Date of Approval: 8-6-14					
Hold For Sanitary: <input checked="" type="checkbox"/> OK	Hold For TBA: <input checked="" type="checkbox"/> OK	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			